

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027939

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 10547

FILED JUL 15 1963

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Christian</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Springfield</u>		c. CITY OR TOWN <u>Highlandville</u>	
Length of stay in 1b <u>1 wk.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Burge Protestant</u>		d. STREET ADDRESS (If outside, give location) <u>Highlandville</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Earl</u> Middle <u>Dean</u> Last <u>Henry</u>			4. DATE OF DEATH Month <u>June</u> Day <u>23</u> Year <u>1963</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-29-1922</u>	9. AGE (last birthday) <u>40</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Service Station work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Service Station</u>		11. BIRTHPLACE (City and state or country) <u>Highlandville Mo</u>	
13a. FATHER'S NAME <u>Frances Henry</u>		13b. MOTHER'S MAIDEN NAME <u>Florence Newberg</u>		14. NAME OF HUSBAND OR WIFE <u>Bertie Henry</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT <u>Bertie Henry Highlandville, Mo</u>	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute necrotizing papillitis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>about 3 mo.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Etc</u>		
DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease given in PART I (a) <u>Chronic nephritis, Hypertension, &amp; arteriosclerosis</u>				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)	

20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	

21. I attended the deceased from March 5 '63 to death and last saw her alive on 6-22-63  
Death occurred at 4:35 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE <u>Ward B Johnson MD</u>		(Degree or title)		22b. ADDRESS <u>Springfield, Mo</u>	
22c. DATE SIGNED <u>7-12-63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>6-26-1963</u>	
23c. NAME OF CEMETERY OR CREMATOR <u>Highlandville Cemetery</u>		23d. LOCATION (City, town, or county) <u>Highlandville, Mo</u>		23e. STATE <u>Mo</u>	
24. FUNERAL DIRECTOR <u>Adams &amp; Monger, Ozark, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>7-15-63</u>		26. REGISTRAR'S SIGNATURE <u>Effie S. Muehr</u>	

(Licensed Embalmer's Statement on Reverse Side)

WARD B Johnson MD  
USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59  
1 0397  
2 02200  
3  
4 0  
5 1  
6  
7 0  
8 1  
9 6000  
10  
11  
12 1-0  
13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Eric M. Abbott

Licensed Embalmer No. 5115

P. O. Address Springfield, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.